

CUSTOMER INFORMATION SHEET (INDIVIDUAL)

RM NO.:

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|---|--|---|--|
| PERSONAL INFORMATION | | | |
| Last Name | First Name | Middle Name | Suffix |
| Date of Birth (mm-dd-yyyy) | Place of Birth (City, Country) | Citizenship | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others: _____ | Mother's Maiden Name | ID Presented (ID type, number) | |
| CONTACT INFORMATION | | | |
| Mobile (+Country Code-Area Code-Tel.no.) | Landline (+Country Code-Area Code-Tel.no.) | Email Address | |
| Address (House/Lot/Block/Unit no., Floor & Building, Street, Subdivision/Barangay/Village) | | | |
| District/Town | City/Municipality/Province | Country | Zip Code |
| FINANCIAL INFORMATION | | | |
| Employer / Business Name | Nature of Work (Job Title) | Nature of Business / Self-employment | Source of Income/Wealth |
| FATCA DECLARATION | | | |
| <input type="checkbox"/> I am not a U.S. Person | | <input type="checkbox"/> I am a U.S. Person | |
| <input type="checkbox"/> I am not a U.S. Person but with U.S. Indicators | | Documents (Submitted) | |
| <input type="checkbox"/> U.S. Place of Birth (1 & 2) <input type="checkbox"/> U.S. Telephone Number (1) <input type="checkbox"/> U.S. Address (1) <input type="checkbox"/> power of attorney or signatory authority granted to a person with a U.S. address (1) <input type="checkbox"/> Standing instructions to transfer to an account maintained in the U.S. (1) <input type="checkbox"/> "in-care-of" or "hold mail" U.S. address (1) | | <input type="checkbox"/> 1. W8 BEN <input type="checkbox"/> 2. Any of the following: <input type="checkbox"/> Certificate of Loss of US Nationality <input type="checkbox"/> Written explanation of not having such certificate despite the renunciation <input type="checkbox"/> Written explanation on why US citizenship not obtained at birth | |
| | | <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident (Green Card) U.S. TIN: _____ U.S. ID : _____ <input type="checkbox"/> W9 (Submitted) | |
| <p>I authorize the Bank to rely upon the same and, if I am a US Person or have US indicators that render my account reportable under FATCA, I consent to the reporting and disclosure of the required information by the Bank to the Internal Revenue Services (IRS) and/or Bureau of Internal Revenue (BIR) in compliance with FATCA. In consideration of the foregoing, I agree to hold the Bank, its directors, officers, employees, representatives and agents free and harmless from any liability, action and suits, costs, and expenses, arising from or in connection with the Bank's compliance with FATCA regulations and/or as a result of disclosure made to the US IRS and/or BIR.</p> | | | |
| CERTIFICATION AND AUTHORIZATION | | | |
| <p>By signing this form, I hereby certify that the information I provided herein is true, accurate and complete, and I agree to notify/update the Bank of any change in any of the information supplied in this form.</p> <p>I acknowledge to have read and understood, and I agree to be bound by, the terms and conditions of the deposits, products, services, facilities and/or channels which I open/avail of, as the same may be amended from time to time. Such terms and conditions are provided and/or are made available to me via www.bpi.com.ph/terms and/or other channels.</p> <p>I likewise acknowledge to have read and understood the Bank's Data Privacy Statement, posted on www.bpi.com.ph and in branch premises, and I agree that the Bank and/or its agents may, as described in said Data Privacy Statement, process, obtain, collect, record, organize, store, update, modify, use, access, share and/or disclose to the Bank's parent, subsidiaries, affiliates, and third parties, information relating to me and/or my account(s) of whatever nature.</p> <p>The consent given herein is deemed to be the consent required under bank deposit confidentiality laws of the Philippines or other jurisdictions including but not limited to RA 1405 (An Act Prohibiting Disclosure of or Inquiry into, Deposits with any Banking Institution and Providing Penalty Therefor), RA 6426 (The Foreign Currency Deposit Act) and RA 8791 (The General Banking Law) and under data privacy laws of the Philippines or other jurisdictions, including but not limited to RA 10173 (The Data Privacy Act).</p> <p>If I am, become, or apply to become a client of any of the Bank's parent, subsidiaries or affiliates, I agree that the latter has the option but not the obligation to rely on the above information for any and all of the concerned parent's, subsidiary's or affiliate's account opening, maintenance and transaction requirements.</p> | | | |
| <p>NOTE: Should you wish to change your elected mailing address for any of your accounts, please visit any of our branches to submit an Amendment Form.</p> | | | |
| Customer's Signature: | | | Date: (mm-dd-yyyy) |
| FOR BANK USE ONLY | | | |
| Remarks: | | | |
| Processed and signature verified by: | | Approved by: | |